

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM APPLICATION FOR PERMIT TO DISCHARGE - SHORT FORM C

FOR
AGENCY
USE

APPLICATION NUMBER									
TX	0	0	0	4	9	1	0		
DATE RECEIVED									
8	1		0	5		0	4		
YEAR				MO.		DAY			

To be filed only by persons engaged in manufacturing and mining

Do not attempt to complete this form before reading accompanying instructions

Please print or type

1. Name, address, location, and telephone number of facility producing discharge

A. Name McGinnes Industrial Maintenance Corp.

B. Mailing address 5837 Northdale

1. Street address

2. City Houston

3. State Texas

4. County Harris

5. ZIP 77087

C. Location:

1. ~~XXXX~~ Seven (7) miles south of Hitchcock, Texas adj. to Carancahua Lake

2. City & Intercoastal waterway

3. County Galveston

4. State Texas

D. Telephone No. 713 644-3227

Area
Code

644-3227

2. SIC

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(Leave blank)

3. Number of employees 20

If all your waste is discharged into a publicly owned waste treatment facility and to the best of your knowledge you are not required to obtain a discharge permit, proceed to item 4. Otherwise proceed directly to item 5.

4. If you meet the condition stated above, check here ☐ and supply the information asked for below. After completing these items, please complete the date, title, and signature blocks below and return this form to the proper reviewing office without completing the remainder of the form.

A. Name of organization responsible for receiving waste

B. Facility receiving waste:

1. Name

2. Street address

3. City

4. County

5. State

6. ZIP

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MAY 4 1981

6AEP

5. C Principal product, ☒ raw material (Check one)

6. Principal process De-water and storage

7. Maximum amount of principal product produced or raw material consumed per (Check one)

Basis	Amount							
	1-99	100-199	200-499	500-999	1000-4999	5000-9999	10,000-49,999	50,000 or more
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
A. Day								
B. Month <u>XXXX</u>								<u>XXXXXX</u>
C. Year								

8. Maximum amount of principal product produced or raw material consumed, reported in item 7, above, is measured in (Check one):

A. ☐ pounds B. ☐ tons C. ☐ barrels D. ☐ bushels E. ☐ square feet
F. ☐ gallons G. ☐ pieces or units H. ☒ Other, specify Cubic Yards

9. (a) Check here if discharge occurs all year ☐, or

(b) Check the month(s) discharge occurs: Discharge approx. twice per year about 30 days or less per discharge at random months.
1. ☐ January 2. ☐ February 3. ☐ March 4. ☐ April 5. ☐ May 6. ☐ June

7. ☐ July 8. ☐ August 9. ☐ September 10. ☐ October 11. ☐ November 12. ☐ December

(c) Check how many days per week: 1. ☐ 1 2. ☐ 2-3 3. ☐ 4-5 4. ☒ 6-7

10. Types of waste water discharged to surface waters only (check as applicable)

Discharge per operating day	Flow, gallons per operating day					Volume treated before discharging (percent)				
	0.1-999 (1)	1000-4999 (2)	5000-9999 (3)	10,000-49,999 (4)	50,000- or more (5)	None (6)	0.1-29.9 (7)	30-64.9 (8)	65-94.9 (9)	95-100 (10)
A. Sanitary, daily average										XXX
B. Cooling water, etc. daily average										
C. Process water, daily average					XXXX					
D. Maximum per operating day for total discharge (all types)										

11. If any of the three types of waste identified in item 10, either treated or untreated, are discharged to places other than surface waters, check below as applicable.

Waste water is discharged to:	Average flow, gallons per operating day				
	0.1-999 (1)	1000-4999 (2)	5000-9999 (3)	10,000-49,995 (4)	50,000 or more (5)
A. Municipal sewer system					
B. Underground well					
C. Septic tank					
D. Evaporation lagoon or pond					
E. Other, specify					

12. Number of separate discharge points: A. ☒ 1 B. ☐ 2-3 C. ☐ 4-5 D. ☐ 6 or more

13. Name of receiving water or waters Intercoastal Waterway

14. Does your discharge contain or is it possible for your discharge to contain one or more of the following substances added as a result of your operations, activities, or processes: ammonia, cyanide, aluminum, beryllium, cadmium, chromium, copper, lead, mercury, nickel, selenium, zinc, phenols, oil and grease, and chlorine (residual). A. ☐ yes B. ☒ no

I certify that I am familiar with the information contained in the application and that to the best of my knowledge and belief such information is true, complete, and accurate.

ROLAND MCGINNES
Printed Name of Person Signing
5-1-81
Date Application Signed

Sunt
Title
Roland McGinness
Signature of Applicant

18 U.S.C. Section 1001 provides that:

Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies, conceals, or covers up by any trick, scheme, or device a material fact, or makes any false, fictitious, or fraudulent statements or representations, or makes or uses any false writing or document knowing same to contain any false, fictitious, or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned not more than 5 years, or both.